

**UDOT SPONSORED COURSE  
BARRIER & CRASH CUSHION TRAINING  
March 17<sup>th</sup> and 18<sup>th</sup>, 2008**

**COURSE RECOMMENDED FOR PRIME CONTRACTORS, SUB-CONTRACTORS AND CONSULTANT INSPECTORS**

**PLACE: Utah Dept Of Transportation  
District 2 Headquarters  
2010 South 2760 West  
Salt Lake City, Utah, 84104**

**TIME: 8:00 AM to 5:00 Daily  
Sessions will start PROMPTLY at 8:00 AM  
  
Hurley Conference Room**

**This course will satisfy UDOT Specifications Section 02841**

Description: This course provides detailed information for the installation of guardrail, concrete barrier, cable barrier, crash cushion systems and barrier end treatments.

OBJECTIVE: Upon completion of the course, participants will be able to:

- 1 Apply UDOT's Standards Drawings & Standard Specifications requirements
- 2 Apply the clear zone and length of need concepts in field conditions
- 3 Placement and installation requirements of barrier systems
- 4 UDOT requirements for Crash Cushion & End Treatment
- 5 Inspection Requirements

**Each attendee will receive a Guardrail Installation Training Manual, UDOT's Guidelines For Crash Cushions and Barrier End Treatments**

**Registration Information:**

**Limited Space Available – filled on first come basis. Completed confirmation form required for each attendee.**

**COURSE COST: \$120.00 Per attendee**

**Make Checks Payable to: Utah Department of Transportation**

**Mail to : Utah Dept of Transportation**

Division of Traffic & Safety

Guardrail Training

4501 South 2700 West

Box 143200

Salt Lake City, Utah 84114-3200

**CANCELLATIONS MUST BE RECEIVED BY  
MARCH 7, 2008 FOR REFUND.**

**A MINIMUM OF 16 ATTENDEES REQUIRED**

**Registration & Payment due February 15, 2008**

**ON LINE REGISTRATION AVAILABLE AT:**

<http://www.udot.utah.gov/main/f?p=100:pg:12607831939590605627:::1:T,V:526,34574>

**IF COURSE IS CANCELLED FULL REFUND WILL BE GIVEN**

Make payment to address above

Fax Registration Acceptable: (801) - 965-4736

Attn: Mike Donovan

Company: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

Attendee Name: 1. \_\_\_\_\_

2. \_\_\_\_\_

Attendee Name: 3. \_\_\_\_\_

4. \_\_\_\_\_

If you have any questions Contact Training Coordinator, Mike Donovan, (801) 965-4376 or Glenn Schulte, (801) 965-4630

**ATTENDEE MUST BRING COMPLETED CONFIRMATION DAY OF COURSE**

Office Use Only: Confirmation Notice will be returned upon payment

Amount Received: \_\_\_\_\_

Received From: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_